

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.				
1					51			
2					52			
3					53			
4					54			
5					55			
6					56			
7					57			
8					58			
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12					62			
13					63			
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39					89			
40					90			
41					91			
42					92			
43					93			
44					94			
45					95			
46					96			
47					97			
48					98			
49					99			
50					100			
TOTAL IND.	8				TOTAL IND.			
TOTAL DEP.		↓	↓	↓	TOTAL DEP.		↓	↓
TOTAL CLAIMS	3				TOTAL CLAIMS			